

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34321
State File No.

392
Registrar's No.

14
1
2
FILED NOV 10 1943

Registration District No.

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community 23 days
years, months or days)

3. (a) PRINT
FULL NAME

Hamp. Dorsey

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex male 5. Color or
race black 6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife
Aylma Dorsey 6. (c) Age of husband or wife if
alive 107 years
7. Birth date of deceased Jan 1 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 3 hr. min.

9. Birthplace MO
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name Theresa Dorsey
13. Birthplace OK OK
(City, town, or county) (State or foreign country)
14. Maiden name OK
15. Birthplace OK OK
(City, town, or county) (State or foreign country)

16. (a) Informant Aylma Dorsey
(b) Address Mexico mo. 623 - Main Park Rd
17. (a) Removal (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mexico mo
18. (a) Signature of funeral director Shion P. Parker
(b) Address Columbia Missouri
19. (a) 10-4-1943 (b) Jose Morosukoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Andrew
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 623 - East Park St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1943 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Sept 11, 1943, to Oct 4, 1943,
that I last saw him alive on Oct 4, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation
chronic arterio-sclerosis Duration

Due to hypertension
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations or - heart
Of autopsy acute cardiac decompensation PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature F. Thomas (M. D. or other)
Address Fulton mo Dated 10/4/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate *will be* ~~was~~ embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Stuart D. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.